(_	PARY HORROCKS	ASSEMBLY	19
Can	didate's Name(print)	Office	District (if applicable)
1630: MIT Hood ST		- LAS VegAS C	89156 438-1346
Vai.	ling address (include city and zip code)	<del></del>	Telephone Number
ن	Report Period Began: I Report Period Began: I	ABER 1 - DUE AUG December 17, 1994, for an office December 21, 1996, for an office December 19, 1998, for an office	e with a six year term with a four year term
	Repo	ort Period <b>Ends:</b> August 23, 20	00
	Cash on hand from previous of unspent contributions report), if any		valance shown on your last disposition
	CONT	RIBUTIONS SUMMARY	
	<ol> <li>Total Amount of contributions in excess of \$100</li> <li>Total amount of contributions of \$100 or less</li> </ol>		6582.°º
			765.00
4	Actual number of contributions of \$100 or less 33		
	3. Interest and income earned, if any		<u> </u>
	4. TOTAL AMOUNT OF ALL CONTRIBUTIONS		<b>~</b> 1
	(add lines 1 through 3)		<u>7347</u> <sup>∞</sup>
		EXPENSES SUMMARY	
	5. Total amount of expenses in excess	s of \$100	2535,81
	6. Total amount of expenses of \$100 (	or less	161.84
	7. Expense for filing fee		100,00
	8. TOTAL AMOUNT OF ALL EXPENSES		
	8. TOTAL AMOUNT OF ALL EX	PENSES	

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

EFECTION DEST OFFUN CORKIN

Executed on 8-29-2000

Date

Janabas

Total number of pages for this report 6

Signature of Candidate

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL201.001(rev. 04/00)